

# THE ROOT CAUSE FOR THE EXCLUSION OF OLDER PERSONS FROM PARTICIPATION IN DEVELOPMENTAL ACTIVITIES IN THE SOCIETY- AFRICAN PERSPECTIVE

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**Abstract**

This paper review the literature regarding the barriers to participation of older persons in the African society. Studies have shown that older persons are vulnerable and thus do not participate in most development programmes in society to improve their livelihoods. Research has further shown that there are factors that could be hindering their participation in society. This paper attempts to highlight some of the barriers that hinder participation of older persons in the African communities. The authors conclude that the barriers to effective participation of older persons in society include the state of older people's personal health, poverty and the negative and limiting community attitudes, laws and practices. Pensions, social grants and allowances are among the means through which the elderly cope. However not all older persons have access to pensions as the majority did not work in government. Furthermore, most countries in Africa except for a few such as Mauritius, Namibia, Mozambique, South Africa, Botswana and Lesotho have not considered giving their senior citizens social grants to improve on their livelihoods.

**Key words:** elderly, [articipation, Africa

**Introduction**

According to the World Health Organization (2002), the proportion of people aged 60 and above is the fastest growing age group worldwide. The organization further stated that by 2025 there will be an approximate total of 1.2 billion people over the age of 60 and by 2025 the number will be increased to 2 billion. Of these 80% of people over the age of 60 will be living in developing countries which are not adequately prepared to meet the challenges associated with ageing. The International Population Report stated that Sub-Saharan Africa is the region with the least well understood aging trends (Velkoff, Kowal, 2007). The report further states that the sheer number of older people in Sub-Saharan Africa is growing faster than in the developed world, and this increase occurs in spite of the excess mortality due to HIV/AIDS experienced by many of these countries.

Elderly people have been classified as being vulnerable by virtue of their age and the chronic illnesses which they generally experience (Silva-Smith, Theune & Spaid, 2007; Clausen, Sandberg, Ingstad & Hjortdahl, 2000). These illness which includes hypertension, diabetes, cancer, visual and hearing impairments, rheumatism, muscular pains, asthma, crippling arthritis, HIV/AIDS and nutritional problems renders them less productive and hinders their participation in most activities of life. According to Alun (2003), being vulnerable means lack of exposure and defenselessness or lack of means to cope with life. It entails being physically weak, economically impoverished, socially dependent, humiliated or psychologically harmed. By virtue of their vulnerability, the elderly people are marginalized and excluded from the majority of the development programs. In addition to this, the elderly in rural areas receive less attention than those in the urban areas. However, according to Alun (2003), development is continuously taking

place, but it is uncertain if the needs of the elderly are being addressed with these changes. Thus the question that arises is: What are the barriers that hinder the elderly from participating in the societies? This paper attempts to highlight some of the identified barriers that affect their participation.

Barriers to Participation of the Elderly in the Society Research has highlighted a number of barriers in most African countries that elderly people encounter not only in their pursuit of health and life conditions that they need so as to be in a position to participate but also in their efforts to actually participate in society as effectively as desired (Kalasa, 2004; Diane & Aldwin, 2003; Develeux, Lwanga-Ntale & Sabates-Wheeler, 2002; Frisk, 2000; Llyod-Sherlock, 2000a). Some of these countries include Uganda, Kenya, Tanzania, Ethiopia, Ghana and many others (Help Age International, 2007). These barriers are described and discussed as constraints, age prejudices, problems, challenges, and limitations to the active life of older people (Strawbridge, Wallhagen & Cohen, 2002). These barriers tend to occur at a personal, economic, household and community level (N'nyapule, 2003; MacIntyre, 1977).

#### **Personal factors**

Barriers at an individual or personal level are the limitations that hinder the elderly from maintaining the health conditions needed to participate in society as effectively as desired (Diane & Aldwin 2003). These occur as impediments to older persons' desired physical fitness, access to healthcare, economic capacity, food security and nutrition, and housing and accommodation. According to Deeg and Bath (2003), barriers to physical fitness include body weaknesses, chronic illnesses, and inadequate feeding. The elderly who suffer from chronic illnesses, severe disability, impairment of the nervous system, and other forms of physical frailty tend to find it difficult to engage in physical exercises and thus reaching optimal levels of physical fitness (Krulwich, 2006; Paola, 2003; Hanahan & Weinberg, 2000; Harper, 1988).

Furthermore, the barriers encountered by the elderly in their efforts to maintain their state of health required to participate effectively in society have been due to reasons such as poverty, illiteracy and lack of health information (Kanyamurwa, 2008;

Kanyemibwa, 2007; HelpAge International, 2001; McGarry, 1996; Coe, 1985). These barriers prevent the elderly from seeking medical treatment, psychological therapy and other forms of curative services needed to sustain themselves in good health (Najjumba-Mulindwa, 2004) so as to participate in society as effectively as desired.

Other barriers to older people's efforts to seek the needed healthcare include: lagging behind or rigidity to utilization of modern medical technology (Zappala, 2003). Other researchers also reported on limited information/lack of awareness, stigma, bureaucratic complexities in the delivery of healthcare, lack of health insurance, traditional beliefs attitudes against modern medical treatment, lack of transportation facilities such as hospital ambulances or personally owned bicycles, motor cycles, vehicles, and age-related discrimination as barriers to participation into programs (McGarry, 1996; Warlick, 1982). These observations indicate that older people meet various limitations in their efforts to seek healthcare needed to maintain their good health to enable to effectively participate in society. These observations are however made in the general context, suggesting that they are encountered by all the elderly in almost all African countries.

#### **Economic Factors**

Additionally, the barriers to the economic capacity required by older people to participate effectively in society have been identified as poverty caused by being disengaged from active earning activities and responsibilities and roles; poor retirement packages; failure of governments to pay them their pension; lack of assets and income-generating projects; and lack of special grant and allowances schemes for the elderly, especially in the majority of the African countries (Bird & Shinyekwa, 2005; Alun, 2003). The only countries that are acknowledged to provide social grants to the elderly are South Africa, Namibia, Botswana, Lesotho, Mozambique and Mauritius. Kenya is piloting its project of providing social grants but it has not yet been mainstreamed into the government's programmes.

Poverty has been singled out as an all encompassing and very undesirable economic condition because it is synonymous with being

economically so distressed that a person cannot meet even the basic needs of life (Krieger, Chen & Ebel, 2008). It is so worse a condition that it renders its victims unable to maintain the health conditions desired to participate in society in an effective manner (HelpAge International, 2005). In fact, Lwanga-Ntale (2003) described poverty very succinctly when he called it another state of illness. According to N'nyapule (2003), poverty is a significant condition that prevents the ability to attain certain minimum standards measured in terms of basic consumption needs or the income that is required to satisfy these needs. Faced with poverty, one cannot even satisfy basic needs, such as food and shelter. N'nyapule (2003) observes further that it infiltrates deeper than just lack of financial income to include lack of choices and opportunities, and of assets and endowments. As a barrier, poverty is so comprehensive that it also includes factors such as lack of basic education and lack of access to public and private resources.

N'nyapule (2003) went on to point out that poverty goes beyond the lack of physical necessities, income and material assets. It can also express itself in form of physical weakness, isolation, powerlessness and low self-esteem, especially in old age. Poverty can also mean failure to access free health care and to claim entitlements due to lack of information or appropriate structures. This scholar concluded with sadness that unfortunately, older people are typically the poorest members of the society and live far below the poverty line. N'nyapule (2003) made these observations basing on the Tanzanian experience.

Studies that cover barriers to people's food security and nutrition indicate that these barriers are the limitations to production of adequate food and include: lack of land; soil infertility; drought; seasonal floods; armed conflict; utilization of poor farming technologies; poverty that implies lack of income needed to buy food; frailty leading to weakening labour needed to grow crops or to rear livestock; and the threat of urbanization that has led to rural urban migration of youthful grandchildren (Abraham & Pia, 2000; Apt, 1999; Kanyamurwa, 2008a, 2008b; Sissel, 2003; Williams, 1999). These studies cite these limitations as general constraints to food security and desired nutrition in African countries.

Literature also indicates that the barriers to the housing and accommodation of people include; poor and weak housing structures that appear to be at the verge of collapsing; inadequate accommodation space, poor and inadequate beddings, poor environmental health; congestion of housing units, which then develop into slum-like conditions; and lack of land on which to build houses (Apt & Greico, 1994; Bond, 1990; United Nations, 1979).

### **Household Barriers**

The barriers at a household level are the constraints that prevent older persons from playing their household roles and responsibilities as desired (Kanyamurwa, 2008a). They include economic inability (poverty), unemployment, large numbers of household members, inadequate accommodation space, death of supportive spouses, and limited food supply (Alun, 2003). Others include: long distances to health centres, high cost of living, adverse effects of HIV/AIDS, failure of government to pay pension in time, and inadequate or lack of agricultural land caused by displacement resulting from armed conflict (Najjumba-Mulindwa, 2004)

### **Community level barriers**

Barriers that elderly people tend to witness at a community level are problems that tend to emanate from the community and prevent them from active and effective participation in society. Research indicates that these barriers include: social discrimination and segregation expressed in terms of ignoring older persons as people who have outlived their usefulness; lack of respect; minimization by adults and youthful community members (Dixon & Rollins, 2003; Najjumba-Mulindwa, 2004). Older people face barriers to accessing basic health and sanitation facilities, and are often denied appropriate education and information as well as access to bank loans and credit schemes because they are perceived as risks that are not worthy to entrust with funds (Taylor, 2006). This is because they are regarded as people whose age provides minimum or no hope for using the money optimally and profitably and pay back in time (Ibid). Commercial bank laws restrict credit to the young people arguing that these have all the time to manage borrowed money more carefully

and profitably while the older persons do not have such time. Pensions, social grants and allowances were found to be among the means through which the elderly can use to cope with life but not all older persons can access pension because majority of them did not work in government (Lwanga-Ntale & Kimberley, 2003).

### Conclusion

The fore-cited barriers have however, been condemned as unfair forms of violation of the human rights of older persons (Murray, 2000). The World Health Organization (1996) declared that ageing is part and parcel of development. Healthy older persons are not a spent force but partners in development since they are a resource for their families, their communities and the economy. In any case, it has already been observed that the role of older persons in development is critical not only in developing countries in Africa but also in developed countries such as Spain where older people play the role of caring for the dependent and sick individuals (of all ages) is mostly done by older people (particularly older women) (Durán & Fundación, 2002). The HelpAge International (2007) summarized the barriers that confront the elderly from their respective communities as negative social attitudes, poverty, wars and conflict, and discriminatory laws and practices.

Generally, literature indicates that the barriers to the effective participation of the elderly in society are made of not only the state of older people's personal health itself but also poverty and negative and limiting community attitudes, laws and practices. Literature however, paints a picture that all the older persons are confronted with the same barriers irrespective of the countries and settings in which they live, which may not be always the case especially for countries such South Africa, Mauritius, Lesotho and Botswana among others that have put good policies in place. Further research is therefore needed to establish whether older persons face the same barriers or not and also clearly specify those encountered in different settings of society.

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